

**2022 NOT FOR PROFIT REGISTRATION ANNUAL REPORT**

DOCUMENT# C10157

**Entity Name:** ORLANDO LODGE NO. 69 FREE AND ACCEPTED MASONS OF FLORIDA**FILED**  
**Jan 18, 2022**  
**Secretary of State**  
**1615091138CC****Current Principal Place of Business:**RICHARD E. LYNN  
220 OCEAN ST  
JACKSONVILLE, FL 32202**Current Mailing Address:**RICHARD E. LYNN  
P. O. BOX 1020  
JACKSONVILLE, FL 32201 US**FEI Number: 23-7188525****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**LYNN, RICHARD E  
220 OCEAN ST  
JACKSONVILLE, FL 32202 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	DIRECTOR
Name	RICHLING, JEFFREY M
Address	614 UNCLE JACK COURT
City-State-Zip:	ORLANDO FL 32828

Title	VP
Name	BEDSOLE, SHANE C
Address	171 SPRINGWOOD CIR APT A
City-State-Zip:	LONGWOOD FL 32750

Title	PRESIDENT
Name	BARNETT, DASHAWN L
Address	1902 SW FANFARE ST
City-State-Zip:	PORT ST. LUCIE FL 34987

Title	TREASURER
Name	RICKS, WALTER H
Address	3714 QUANDO CIRCLE
City-State-Zip:	BELLE ISLE FL 32812

Title	SECRETARY
Name	ROBERTS, SCOTT A
Address	2839 W FAIRBANKS AVE
City-State-Zip:	WINTER PARK FL 32789

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: SCOTT A. ROBERTS****SECRETARY****01/18/2022**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date